

**AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION**  
**IN ACCORDANCE WITH 45 CFR ' 164.508-HIPAA**

2019 JUL 25 10 18 AM  
 BY [REDACTED]  
 CLEARED  
 WESTERN  
 EAT

I hereby authorize all health care providers who have treated me for any condition on or after 5/1/2019 to disclose my Protected Health Information (PHI), including but not limited to highly confidential information concerning communicable diseases, HIV, AIDS, ~~psychiatric~~, chemical or alcohol dependency, laboratory test results, or any other medical treatment, billing and business records concerning my detention w/ ICE to Linda Corchado @ Las Americas Imm Adv. Fair or anyone whom they may designate as their investigative agent, including but not limited to Christopher Benoit, Lynn Coyle and Aynimae Dominguez. **This authorization does include psychotherapy notes.**

Patients name: Ajay Kumar

[REDACTED]

The release of the materials listed is being authorized for use as evidence in a civil litigation matter involving this patient. You understand that such information cannot be released without the patient=s specific consent. **You are authorized to comply with an original or copy of this document.**

**DESCRIPTION OF INFORMATION TO BE RELEASED**

Please initial the materials to be released pursuant to this authorization:

- |                                       |                                    |                              |
|---------------------------------------|------------------------------------|------------------------------|
| X any and all medical records/reports | X system history or system review  | X any counseling records     |
| X x-rays (if requested)               | X summary sheet                    | X admission sheet            |
| X diagnostic studies                  | X medical service sheet            | X charts                     |
| X laboratory slides (if requested)    | X nurses notes                     | X consultant reports         |
| X clinical abstracts                  | X discharge notes                  | X any patient records not    |
| X histories                           | X chronological survey             | X located in the medical     |
| X any correspondence, including any   | X any other information, documents | record library (such as      |
| hand-written or typed notes of or     | and opinions relevant to past,     | emergency room records)      |
| from any nurse, doctor, physician,    | present and future, physical,      | X <b>All Billing Records</b> |
| surgeon, or any other person          | mental and/or emotion conditions,  |                              |
| treatment, or hospitalization         |                                    |                              |

This authorization includes the release of documents in your possession whether or not created in your office or by another healthcare provider.

I understand that this authorization will expire 180 days from the date of this signed authorization or upon receipt of a revocation, whichever comes first.

I understand that the information release in response to this authorization is subject to disclosure to other parties, and that any other person, firm or entity that releases materials pursuant to this authorization is released from any liability that might otherwise result from the release of this information.

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the physician or appropriate healthcare provider. I understand that the revocation will not apply to information that has already been released in response to this authorization.

I understand authorization for the use or disclosure of the information identified above is voluntary.

I need not sign this form to ensure healthcare treatment. I further understand that my healthcare and the payment of my healthcare will not be affected if I do not sign this form.

You are authorized to comply with an original or copy of this authorization dated on this the 23 day of July, 2019.

X Amy Kung  
Patient/Self

7/23/19  
Date

**Fw: Hunger Strikers in ICE Detention**

Greg Duenas to: Michael Maiella

07/25/2019 03:18 PM

From: Greg Duenas/TXWD/05/USCOURTS

To: Michael Maiella/TXWD/05/USCOURTS@USCOURTS

History: This message has been replied to.

Hi Mike,

Please see the message and attachments below.

Thanks,



GREG DUEÑAS  
COURTROOM DEPUTY TO  
HON. DAVID C. GUADERRAMA  
UNITED STATES DISTRICT JUDGE  
525 MAGOFFIN AVE., RM. 105  
EL PASO, TX 79901  
PH: (915) 834-0509  
GREG\_DUEÑAS@TXWD.USCOURTS.GOV

----- Forwarded by Greg Duenas/TXWD/05/USCOURTS on 07/25/2019 03:17 PM -----

From: LINDA CORCHADO <lindacorchado@las-americas.org>  
To: Greg\_Duenas@txwd.uscourts.gov  
Cc: Roberto\_Velez@txwd.uscourts.gov, Javier\_Martinez@txwd.uscourts.gov,  
Adriana\_Quezada@txwd.uscourts.gov  
Date: 07/25/2019 01:07 PM  
Subject: Re: Hunger Strikers in ICE Detention

Hello all, please see my HIPAA release forms for my clients. I have asked AUSA Romero to please keep me informed about the case, I would like to be there for my clients as they are in a very delicate state now. I was told that they would defer to the judge on what if anything I will have access to moving forward.

Mohinderpal Singh

Rohit Rohit

Ajay Kumar



Mohinderpal Singh HIPAA-2.pdf Rohit Rohit HIPAA-2.pdf Ajay Kumar HIPAA-2.pdf

Linda Corchado, Esq.  
Director of Legal Services  
Pronouns: She, Her, Hers  
Las Americas Immigrant Advocacy Center  
1500 E. Yandell Dr., El Paso, TX 79902  
Tel: (915) 544-5126

Fax: (915) 544-4041  
[www.las-americas.org](http://www.las-americas.org)

Follow us on social media!

This e-mail message from the Las Americas Immigrant Advocacy Center is intended only for named recipients. It contains information that may be confidential, privileged, attorney work product, or otherwise exempt from disclosure under applicable law. If you have received this message in error, are not a named recipient, or are not the employee or agent responsible for delivering this message to a named recipient, be advised that any review, disclosure, use, dissemination, distribution, or reproduction of this message or its contents is strictly prohibited. Please notify us immediately at 915-544-5126 or [info@las-americas.org](mailto:info@las-americas.org) that you have received this message in error, and delete the message.

On Jul 22, 2019, at 9:58 AM, Linda Corchado <[lindacorchado@las-americas.org](mailto:lindacorchado@las-americas.org)> wrote:  
Good morning, I'm currently representing Ajay Kumar 215-814-283, by end of day, I will be representing Rohit Rohit 215-813-619 and Mohinderpal Singh, 215-933-026. They are all Indian hunger strikers in ICE detention. Today is their 14th day on a hunger strike and I have been informed that a doctor at ICE will be requesting a court order for force feeding. While I have reached out to the DOJ and asked that all information on pending federal court proceedings be shared with immigration counsel, I have not yet received a response.

I'm sending this request to all of you to please appoint a federal public defender in this matter. I highly value their dedication to immigrants and trust that they will do the best they can to fight for my clients rights.

Thank you for your attention to this matter, my personal cell is 915-525-7853.

Linda

Linda Corchado, Esq.  
Director of Legal Services  
Pronouns: She, Her, Hers  
Las Americas Immigrant Advocacy Center  
1500 E. Yandell Dr., El Paso, TX 79902  
Tel: (915) 544-5126  
Fax: (915) 544-4041  
[www.las-americas.org](http://www.las-americas.org)

Join our fight - [donate today](#).

This e-mail message from the Las Americas Immigrant Advocacy Center is intended only for named recipients. It contains information that may be confidential, privileged, attorney work product, or otherwise exempt from disclosure under applicable law. If you have received this message in error, are not a named recipient, or are not the employee or agent responsible for delivering this message to a named recipient, be advised that any review, disclosure, use, dissemination, distribution, or reproduction of this message or its contents is strictly prohibited. Please notify us immediately

at 915.544.5126 or [administrator@las-americas.org](mailto:administrator@las-americas.org) that you have received this message in error, and delete the message.

<20190718\_AK\_G-28 signed.pdf>